

Exhibit 11



Lower Merion School District

REEVALUATION REPORT (RR)

School Age

Student Name: Alexandre LePape
Date of Report(mm/dd/yyyy): 11/21/2014 Date Report Provided to Parent/Guardian/Surrogate: 11/21/2014
Student Birth Date: 12/29/2000 Age: 13 Grade: 8th
Local Education Agency (LEA): Lower Merion School District
School Student is Attending: WELSH VALLEY MIDDLE SCHOOL
Current Educational Program: Autistic Support
County of Residence: Montgomery County Phone(Home): _____
Name and Address of Parent/Guardian/Surrogate: _____ Phone(Home): 610-642-7277
_____ Phone(Work): _____
_____ Phone(Cell): _____
Jennifer Binder-Le Pape and Frederic Le Pape

309 Fairhill Rd.

Wynnewood, PA 19096

Email(Home): _____
Email(Work): _____

Other Information: This reevaluation is being completed to update Alex's academic levels and plan for his IEP goals.

Date IEP Team Reviewed Existing Evaluation Data: 11/7/2014

The IEP team must decide if it has enough data to determine: the student's educational needs; the present levels of academic achievement and related developmental needs of the student; whether any additions or modifications to the special education and related services are needed to enable the student to meet the measurable annual goals in the IEP and to participate as appropriate in the general education curriculum; and whether the student continues to need special education and related services.

I. SUMMARIZE INFORMATION REVIEWED

Complete Items 1 through 7 for all students.

1. Physical condition, social, or cultural background, and adaptive behavior relevant to the student's disability and need for special education: _____

Received

DEC - 8 2014

Pupil Services Department

Exh-S-7 Page 1 of 18

ODR0477

Mr. LePape reported there were fewer tantrum behaviors, although Alex still struggled with communication when in pain. It was stated as well that overall Alex was better with communication and had strengthened reading skills sufficiently to be able to read books and social stories on his own, including reading aloud the Aristocats. Alex was seen more independent with toileting schedules. Parents reported Alex was taking Miralax for constipation, had a nebulizer for wheezing related to seasonal allergies or asthma and needed cream that he did not like for itchiness. Alex was seen by a cardiologist this summer following two incidents when he laid down and appeared cold, white and clammy during physical activities. Parents indicated there were no cardiac concerns reported at the time. Alex was continuing to take Risperdal and was also prescribed Trileptal for mood regulation, according to report.

Parents shared an ABA/AVB Treatment Plan Report from September 2014 completed by Vanessa von Hagen, M.S.S., who is a home consultant. It was reported that Alex had been receiving one private speech session per week since February 2014 and normally received approximately ten hours of direct ABA/AVD therapy per week divided into intensive teaching, including academics 70% of the time and natural environment training 30% of the time. Communication goals listed included typing and sending E-Mails to family members with less than two prompts, recalling basic facts and using pictures, spoken or typed words to identify what is wrong or where it hurts when experiencing pain or discomfort. It was stated that therapists were working with Alex on IEP academic goals related to completing sentences to answer "wh" questions, solving math equations with money amounts and counting money.

Data suggested Alex was needing eleven prompts for reading and responding to E-Mail and was showing better progress with recall displaying cards horizontally. Data suggested 85% completion rate with sentences, with 59% related to "who" questions and 83% with "what" questions. Alex was seen lacking consistency on the behavioral goal regarding asking for permission to leave the house. Alex was observed doing well enough following a schedule for chores that other chores were added at this time.

Wendy Ross, M.D. indicated in a phone conversation with this examiner on 11/20/2014 that Alex had received a trial of stimulant medication last year that did not seem to help with behaviors described as impulsive and intermittently aggressive. Dr. Ross stated that it was important moving forward to present appropriate challenge for Alex because he appears more capable in certain areas than might be obvious based on his classification as intellectually disabled. It was stated that Alex has been seen at times becoming more distracted with rote work, but having the capacity to get more engaged with purposeful work like delivering mail at school. Dr. Ross indicated Alex had a fair amount of language, even though he could not generally use it pragmatically. She reported Alex responds well to animals while citing horseback riding and responds well to electronics. Dr. Ross stated it was important to look at ways of capitalizing on strengths while continuing to develop communication skills in order to prepare Alex for the world of work moving forward.

3. Aptitude and achievement tests:

Data from the 2006 evaluation suggested low estimates of Alex's cognitive abilities due to difficulties securing and maintaining his attention and interest for tasks, and difficulties with the language aspects of all tasks including understanding verbally presented task directions. Overall cognitive skills were assessed below age expectancies, but seen maybe closer to age level in certain areas including visual discrimination and visual memory, and picture naming (expressive vocabulary). Alexandre was seen able to name letters, numbers, shapes, and colors, and having a growing sight-word vocabulary of at least 30 words at the time. Although assessment was difficult to complete with a substantial degree of reliability and validity due to language impairments, it was stated that it was likely that Alexandre would struggle with more complex and abstract academic concepts and skills including sound-symbol relationships, reading comprehension, and math reasoning/problem solving. Adaptive skills were assessed overall below the first percentile, with a relative strength in functional pre-academics.

Data reported in a reevaluation from 1/10/2011 were as follows: